

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035026

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

27

Primary Registration District No.

5096

Registrar's No.

172

FILED OCT 14 1963

## 1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Mt. Pleasant Twp.

Length of stay in 1b

1 yr.

c. FULL NAME OF (If NOT in hospital, give location)

Pine Tree Rest Home

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Bates

c. CITY  
OR TOWN

Butler

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

R.F.D.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

Charles

Middle

P.

Last

Ayers

4. DATE  
OF DEATH

Month

Day

Year

Oct. 3, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4-17-1878

## 9. AGE (last birthday)

85

## IF UNDER 1 YEAR

Months Days Hours Min.

5 16

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

Humbolt, Kansas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John T. Ayers

## 13b. MOTHER'S MAIDEN NAME

Abba Danban

## 14. NAME OF HUSBAND OR WIFE

Elizabeth Ayers

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

12

## 17. INFORMANT

Lloyd Conway

## Address

Butler, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

None

## 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

None

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_

Death occurred at

11:15 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Howard Conrad Underwood

## 22b. ADDRESS

Butler, Mo.

## 22c. DATE SIGNED

10-8-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

10-7-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Oakhill Cemetery

## 23d. LOCATION (City, town, or county)

Butler, Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Culver-Underwood Butler, Mo.

## 25. DATE RECD. BY LOCAL REG.

10-8-63

## 26. REGISTRAR'S SIGNATURE

Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0070

2 0070

3

4 0

5 2

6

7 1

8 2

9 420.1

10

11

12 86-3

13 10

100-10000

Missouri Bates

Bates

X

Butler

Mr.

Mc. Pleasant Top.

R.F.D. 2

Five Tree Rest Home

Oct. 3, 1933

Ayers

P.

Charles

85

4-17-1878

X

White

Male

U.S.A.

Wimpolt, Kansas

Embalmer

Farmer

Elizabeth Ayers

Anna Ayers

John T. Ayers

Butler, Mo.

100 of 1933 : Lloyd Conaway

No.

STATEMENT BY LICENSED EMBALMER

0000  
0000

0  
2  
1  
2

3-28

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert B. Stumbech

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Butler, Mo.

10-7-1933 Campbell Conaway

Butler

Butler, Mo. 10-7-1933